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|---|---|-----------------------------------|---|---|---------------------------------------|
| SERIAL NUMBER 10/520,380 | FILING or 371(c) DATE 10/13/2005 RULE | CLASS 128 | GROUP ART UNIT 3771 | ATTORNEY DOCKET NO. 44508-149 | |
| APPLICANTS Per Gisle Djupesland, Oslo, NORWAY; ** CONTINUING DATA ***** /KCM/ This application is a 371 of PCT/IB03/03274 07/02/2003 ** FOREIGN APPLICATIONS ***** /KCM/ UNITED KINGDOM 0215270.0 07/02/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /KRISTEN CLARETTE Acknowledged MATTER/ Examiner's Signature | <input checked="" type="checkbox"/> Met after Allowance KCM Initials | STATE OR COUNTRY NORWAY | SHEETS DRAWINGS 15 | TOTAL CLAIMS <u>27</u> | INDEPENDENT CLAIMS <u>5</u> |
| ADDRESS PROSKAUER ROSE LLP PATENT DEPARTMENT 1585 BROADWAY NEW YORK, NY 10036-8299 UNITED STATES | | | | | |
| TITLE Nasal devices | | | | | |
| FILING FEE RECEIVED 3495 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |